

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
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41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	35	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	25	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	60					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS